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CONFIRMATION NO. 7987

SERIAL NUMBER 10/789,233	FILING DATE 02/27/2004 RULE	CLASS 514	GROUP ART UNIT 1654	ATTORNEY DOCKET NO. 00961-P0247A
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APPLICANTS

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** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 06/04/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CT	SHEETS DRAWING 0	TOTAL CLAIMS 25	INDEPENDENT CLAIMS 4
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Verified and Acknowledged *mmcg* Examiner's Signature Initials

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TITLE
 Topical glutathione treatments

FILING FEE RECEIVED 538	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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